

Registered pharmacy inspection report

Pharmacy Name: Hannigans, 240 Bennetts Castle Lane, Becontree,
DAGENHAM, Essex, RM8 3UU

Pharmacy reference: 1031133

Type of pharmacy: Community

Date of inspection: 30/04/2019

Pharmacy context

This pharmacy is in a parade of shops in a residential area. It is a branch of a small group of pharmacies. As well as dispensing NHS prescriptions the pharmacy supplies medicines in multi-compartment compliance aids. And it offers a smoking cessation service.

Overall inspection outcome

✓ **Standards met**

Required Action: None

Follow this link to [find out what the inspections possible outcomes mean](#)

Summary of notable practice for each principle

Principle	Principle finding	Exception standard reference	Notable practice	Why
1. Governance	Standards met	N/A	N/A	N/A
2. Staff	Standards met	N/A	N/A	N/A
3. Premises	Standards met	N/A	N/A	N/A
4. Services, including medicines management	Standards met	N/A	N/A	N/A
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance ✓ Standards met

Summary findings

The pharmacy's working practices are safe and effective. The pharmacy generally manages risks well. It generally keeps the records it is required to by law. But it does not always record the full details for some of the records. This may make it harder for it to show what had happened if there was an issue. The pharmacy asks its customers and staff for their views. Team members use the procedures in place to protect vulnerable people.

Inspector's evidence

Standard operating procedures (SOPs) were in place and were up to date. Members of the team had read and signed SOPs relevant to their roles. Team roles were defined within the SOPs. The team had completed a multiple choice questions quiz to test their understanding of the SOPs. The work experience student had been briefed on health and safety and confidentiality.

Near misses were brought to the attention of the dispenser responsible for making the mistake and recorded. Records were analysed at the end of each week. As a result of reviews, pregabalin and gabapentin and the two strengths of furosemide had been separated on the shelves. As well as carbomer and chloramphenicol eye gels, due to the similarity in packaging. Look alike and sound alike drugs had been highlighted. Reviews were completed on a monthly basis but had not been recorded since December 2018. The pre-registration trainee (pre-reg) had completed an annual patient safety review.

Dispensing incidents were reported to the responsible pharmacist (RP), who then investigated the error, checked if the person had taken the incorrect medication and reported to the GP. These were recorded on an incident report form. Team members were aware of the fact that a report needed to be completed. As a result of a previous dispensing error amitriptyline and amlodipine had been separated.

The correct RP notice was displayed. The team members were aware of the tasks that could and could not be carried out in the absence of the RP. Professional Indemnity insurance was in place.

The pharmacy had a complaints procedure in place which team members were able to describe. The first point of contact was the RP. The pharmacy also completed an annual patient satisfaction survey. Head office also carried out surveys to check patient satisfaction and to see which services people wanted the pharmacy to offer.

Records for private prescriptions, unlicensed specials, RP records and controlled drug (CD) registers were well maintained. However, one of the medicines found in the cabinet was split between two registers. Emergency supply records were generally well maintained. However, supplies carried out under the NHS Urgent Medicine Supply Advanced Service (NUMSAS) were not entered.

CD balance checks were carried out monthly except for a liquid balance which was not checked regularly. A random check of a CD medicine complied with the balance recorded in the register. CD patient returns were recorded in a register as they were received.

Assembled prescriptions were stored away from the view of people. Team members had completed training sent from head office for the General Data Protection Regulation. This had included multiple

choice questions which had needed to be completed and sent back. In addition to this the pre-reg had done training as part of her course. The dispensary team had individual Smart cards. The RP and superintendent pharmacist (SI) had access to summary care records, consent to access this was gained verbally. And in a few cases, this had been written down.

The technician, RP and pre-reg had completed level 2 safeguarding training. The team members said that they were aware of the restrictions on certain medicines or those liable to abuse and would bring these to the RP's attention. They described an instance where they had a safeguarding concern. They contacted the person's GP, who took action to help reduce the risk.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy team manages the workload within the pharmacy well. And team members use their professional judgement to make decisions in the best interest of people. But they are not always given time set aside for training. This could limit the opportunities they have to keep their knowledge and skills up to date.

Inspector's evidence

At the time of the inspection the pharmacy team comprised of the RP, a technician, a pre-registration trainee (pre-reg) and a work experience student. A trained medicines counter assistant (MCA) left at the start of the inspection.

The RP said that there were enough staff for the services provided. The front counter was covered by the dispensary team after the MCA left. On the day of the inspection the work experience student had been covering the counter. She said that she took in and handed out prescriptions. Team members said that they supervised her. The work experience student said that she would sell medicines only after checking with the pre-reg.

The pre-reg attended monthly ProPharmace training sessions and other training held locally. She did not have allocated study times but said that she would study when it was quiet. She said that she was able to ask the SI if she had any questions and felt able to give ideas and suggestions. She had given suggestions and changed the layout of where some medicines such as controlled drugs were stored. She had completed her formal reviews and her tutor provided her with feedback in between.

The technician had spoken to the SI about doing his continuing professional development (CPD) and said that the SI would support him. The technician went to different branches to help with the month-end process. He said that there was an opportunity to move up in the role and he wanted to become an accuracy checking technician.

Team meetings were held either weekly or a few times a week depending on the need. The team was small and worked closely together and discussed things as they arose. The pharmacist briefed the team on any new changes when there was a change in legislation. And head office sent a lot of emails with information which was passed on to team members if it was relevant. Representatives from manufacturers also came in with information.

Communication was received from head office via emails, phone calls or visits. Team members were able to contact the head office team. Meetings were also held at head office from time to time. The RP said that a meeting was due to be held the following day to discuss errors. There were no numerical targets set for the services offered.

Principle 3 - Premises ✓ Standards met

Summary findings

The premises are suitable for the pharmacy's services. And the premises generally help the staff to protect people's personal information. But not all of this information is secured properly. This could increase the chance of other people seeing this information.

Inspector's evidence

The pharmacy had not received a refit for some time. But it was, in the main, clean and maintained to a level of hygiene appropriate for the provision of healthcare. The carpet in the retail area and dispensary was worn and stained. This detracted from the appearance of the premises. Cleaning was usually carried out by the team. Bench space was allocated for certain tasks. A small room at the back of the dispensary was dedicated for storing and preparing multi-compartment compliance aids. A sink was available in the dispensary.

A signposted consultation room was available. The room was clean and had a number of health-related leaflets displayed. Not all confidential information was properly secured. The premises were secure. The ambient temperature and lighting were adequate for the provision of pharmacy services. Air conditioning was available to help regulate the temperature.

Principle 4 - Services ✓ Standards met

Summary findings

Pharmacy services are generally delivered in a safe and effective manner. The pharmacy obtains medicines from reputable sources. And generally manages them appropriately so that they are safe for people to use. But it does not use some of the safety materials (such as warning stickers) when it supplies valproate. This means that people may not always have all the information they need to take their medicines safely.

Inspector's evidence

The pharmacy had a step at the entrance, people who could not access the pharmacy would press the bell and a member of the team would go out and assist them or help them in. The pharmacy was able to produce large print labels for visually impaired people. Members of the team were multilingual.

The pharmacy's services were advertised using posters and there was a range of leaflets in the consultation room. Team members were aware of the need to signpost people to other services including other branches or would find details of other providers from the NHS website.

The RP said that the flu vaccination service had the most impact due to accessibility and convenience for people. He said that the Medicines Use Review (MUR) and New Medicine Service (NMS) also allowed for time to help educate people on taking their medicines correctly at the right time. And he also used it as an opportunity to tie in other services and provide healthy living advice.

The pharmacy team had attended cancer awareness training session which had helped them to talk to people around the topic. And the pharmacy had been supplied with promotional material. Team members said that they had not really had an opportunity to utilise the skills gained. A table had been set up with information leaflets for cancer awareness next to the stand on which other leaflets were kept.

New services were usually decided by the SI and the team also looked at what people were requesting. Head office suggested services that could be offered but the team was able to make the decision. The RP said that he had been suggesting that the pharmacy offer the Emergency Hormonal Contraception service, which was due to be launched soon. The pharmacy had also started offering free condom distribution.

The majority of the prescriptions were received electronically. And most people were part of a repeat prescription service. Prescriptions were printed and dispensed, and the medicines were checked to see if they had the barcode for the Falsified Medicines Directive (FMD). Those which did were then scanned and a label attached to the prescription to decommission the item at handout. The MCA sent requests for prescriptions to the surgery two days before the prescriptions were due and also carried out any chase-ups. She used a folder and book to audit this service. The RP said that he had to self-check very rarely and he would take a mental break between dispensing and checking if he had to do so.

Dispensed and checked by boxes were available on the labels; these were initialled by the team to help maintain an audit trail. The pharmacy team also used baskets for prescriptions to ensure that people's prescriptions were separated and to reduce the risk of errors. Baskets for medicines which needed to be delivered were colour coded to help with the workflow.

Prescriptions for schedule 3 and 4 controlled drugs were not highlighted. This increased the risk of medicines being handed out against an expired prescription.

The team were aware of the change in guidance for dispensing sodium valproate and the pre-reg described how she would check if the patient was in the at-risk group. She described the need for these people to be on the pregnancy prevention programme. Team members would refer to the RP who would then have a conversation with the person. The team members including the RP were unfamiliar with the 'Prevent' pack and the warning stickers. The pharmacy had one regular patient on sodium valproate but she did not fall within the at-risk group.

When presented with a prescription for warfarin the team checked for the yellow book. Details from this were recorded on the PMR.

The pharmacy had recently taken over preparing multi-compartment compliance aids for people who were previously supplied their compliance aids from another branch. Prior to this transfer happening consent had been gained. Compliance aids were assembled and supplied from the pharmacy. Prescriptions were ordered a few days in advance from the surgery and any missing prescriptions were chased after 48 hours. When the prescriptions were received they were checked against the PMR. Any missing items were queried and recorded on PMR so that the information was visible to all members of the team. Items were picked, and descriptions were recorded on the backing sheets. Compliance aids were prepared by the pre-reg or technician and checked and sealed by the RP. When people were admitted into hospital the pharmacy were notified by the person or their representative. The pharmacy requested that they were notified of any changes and when the next pack would be needed. Discharge summaries were also requested, and the team then contacted the surgery to request new script.

Assembled compliance aids observed were labelled with product descriptions and mandatory warnings. Patient information leaflets (PILs) were handed out monthly. There was an audit trail in place to show who had dispensed and checked the compliance aids.

Deliveries were carried out by a designated driver who was sent from head office. Signatures were obtained by the driver and the time that the medication was delivered was also recorded. These records were held at head office. In the event that patients were not available medication was either redelivered later that day or returned to David Lewis (a branch that had longer opening times); with the exception of CDs and fridge lines which were returned to the pharmacy.

Medicines were obtained from licensed wholesalers and stored appropriately. This included medicines requiring special consideration such as CDs. Fridge temperatures were monitored daily and recorded; these were within the required range for the storage of medicines. CDs were kept securely.

Date checking was done by the technician and pre-reg every three months. No date expired medicines were observed on the shelves sampled. Records were kept for areas that had been checked.

The pharmacy was compliant with the Falsified Medicines Directive (FMD), the team had received in-house training from head office. The RP said the team scanned whichever medicines had a barcode.

Out of date and other waste medicines were segregated at the back of the pharmacy and then collected by licensed waste collectors. Drug recalls were received via email, printed and actioned. The pharmacist signed when alerts had been actioned. The email was accessible to all team members. The last actioned recall was for chloramphenicol.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy generally has the equipment and facilities it needs for the services it offers.

Inspector's evidence

The pharmacy had all the necessary facilities and equipment for the services offered. One of the measuring cylinders had a considerable amount of limescale and some mould at the bottom. The team members said that they would ensure these were cleaned after the inspection. Tablet and capsule counting equipment were clean and ready for use. A separate tray was available and used for cytotoxic medication to avoid cross contamination. And a separate measure had been used for CDs but this had broken and the team had ordered a new one.

The technician said that he thought the blood pressure monitor was less than two years old. The smoking cessation service was only offered by the superintendent pharmacist and the team were unsure as to how the carbon monoxide monitor was calibrated. A fridge of adequate size was available. Up-to-date reference sources were available including access to the internet.

Confidentiality was generally maintained through the appropriate use of equipment and facilities. The computer in the dispensary was password protected and out of view of patients and the public. A shredder was available and used to destroy confidential waste.

What do the summary findings for each principle mean?

Finding	Meaning
✓ Excellent practice	The pharmacy demonstrates innovation in the way it delivers pharmacy services which benefit the health needs of the local community, as well as performing well against the standards.
✓ Good practice	The pharmacy performs well against most of the standards and can demonstrate positive outcomes for patients from the way it delivers pharmacy services.
✓ Standards met	The pharmacy meets all the standards.
Standards not all met	The pharmacy has not met one or more standards.